

## EMERGENCY SERVICES INSTRUCTIONS &amp; OBJECTIVES

The Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities contracts with the Community Mental Health Centers to serve as the behavioral health safety net for Kentucky's citizens. CMHCs must provide a timely, effective response to all individuals who seek services during a behavioral health crisis/emergency. The CMHC's system shall serve individuals with mental health disorders, substance use disorders and intellectual and developmental disorders. As the regional public safety net, the CMHC shall adhere to the following guiding principles:

**Kentucky Emergency Services Guiding Principles**

- ◆ **Respect:** Emergency services programs and staff:
  - Respect the needs and wishes of each person in crisis; and
  - Value and protect the rights, privacy, and confidentiality of each person in crisis, unless the person presents an imminent risk and confidentiality would compromise the required intervention; and
  - Consider the strengths and resources of the person in crisis, the family, and the community; and
  - Collaborate with others involved with the person in crisis, whenever appropriate and possible.
- ◆ **Comprehensive Array:** The design of the statewide emergency service system needs to be broad and comprehensive in order to account for geographic and regional variations and client or family needs in emergency situations.
- ◆ **Accessibility:** The CMHC is responsible for providing behavioral health emergency responses to all individuals who seek services when in an emergency, regardless of age, diagnosis, payor source, ability to pay, priority population group or agency of origin.
- ◆ **Timeliness:** Quick response times are a critical feature of an effective behavioral health emergency system.
- ◆ **Inclusion:** Every person has the right to receive a timely, effective emergency response from their CMHC.
- ◆ **Least Restrictive Setting:** Emergency services preserve community placement whenever possible and prevent institutionalization, hospitalization or increased levels of care. Services preserve natural supports of the individual experiencing the emergency to the greatest extent possible.
- ◆ **Accountability:** The emergency service system is accountable to individuals, their caregivers, families, communities and funding sources.
- ◆ **Collaboration:** Program design and delivery should be developed through a collaborative process that includes all pertinent stakeholders, including law enforcement, private and public hospitals, consumers, youth and family members.
- ◆ **Data Informed:** Decision making at the individual and systems level is guided by data.
- ◆ **Evidenced Based Practice:** Emergency services responses need to be delivered in a holistic manner using evidenced based and best practices.
- ◆ **Cultural Competence:** Emergency services are provided by staff who are culturally and linguistically competent.
- ◆ **Community Awareness:** The procedure for accessing emergency behavioral health services should be common knowledge in the community.

DBHDID  
EMERGENCY SERVICES INSTRUCTIONS & OBJECTIVES

FY 2017

**New for FY 2017**

Form 132

- The following new services were added to the service array:
  - -Prevention Services (I/DD)

Form 113D

- The form's instructions were revised to provide information about required data content for each reporting period.
- The following questions were added to the form:
- Number of all unduplicated children served in the Children's Diversion from the Justice System program.
- Number of youth recommended for inpatient level of care after being provided with an evaluation pursuant to KRS 645 (with an order) or being brought in by law enforcement (without an order).

**Instructions**

These guidelines are offered to assist you in completing both the Plan and Budget Application and the periodic reporting requirements. Please share them with appropriate staff.

Centers are required to report all client related services in the client and event data sets. The following information is provided to assist with some specific data set reporting and also to detail the information to be reported manually for those services that cannot be coded in the data set.

As indicated on the Notice of Available Regional Funding (NARF), Centers receive restricted behavioral health funds for emergency services for both adults and children. Please indicate the planned spending on the Spending Plan (Form 117) for each project listed. Also complete the following applicable forms during the indicated time period – during Plan and Budget, quarterly or semi-annually.

Due with Plan and Budget	<ul style="list-style-type: none"><li>• Form 101 – Jail Triage PBFR (Bluegrass only)</li><li>• Form 102 – Jail Triage Project Report Form (Bluegrass only)</li><li>• Form 113D – Emergency Services Planning &amp; Implementation Report</li><li>• Form 117 – Financial Spending Plan &amp; Quarterly Financial Implementation Report</li><li>• Form 132 – Emergency Services Application</li></ul>
-----------------------------	---

Form 113D - Emergency Services Planning & Implementation Report must be submitted with Plan and Budget Application AND on a semi-annual basis for those projects that cannot be entered into the Event Data Set.

DBHDID  
EMERGENCY SERVICES INSTRUCTIONS & OBJECTIVES

FY 2017

Due Quarterly	<ul style="list-style-type: none"><li>• Form 101 – Jail Triage PBFR (Bluegrass only)</li><li>• Form 102 – Jail Triage Project Report Form (Bluegrass only)</li><li>• Form 117 – Financial Implementation Report</li></ul>
Due Semi-Annually	<ul style="list-style-type: none"><li>• Form 113D – Emergency Services Planning &amp; Implementation Report</li></ul>

**Event Data Set Reporting**

**Service Code 138: Residential Crisis Stabilization – Adult (Behavioral Health)**

**Service Code 139: Residential Crisis Stabilization - Child and Adolescent (Behavioral Health)**

Unit of Service: per Diem

**Definition:**

Residential Crisis Stabilization services are provided in Crisis Stabilization Units. Crisis Stabilization Units are community-based, residential programs that offer an array of services including screening, assessment, treatment planning, individual, group, and family therapy, and peer support in order to stabilize a crisis and divert the individual from a higher level of care. It is not part of a hospital. They are used when individuals in a behavioral health emergency cannot be safely accommodated within the community, are not in need of hospitalization but need overnight care. The purpose is to stabilize the individual, provide treatment for acute withdrawal, when appropriate, and re-integrate them back into the community, or other appropriate treatment setting, in a timely fashion. These units provide a non-hospital residential setting and services 24-hours per day, seven days per week, 365 days a year. The estimated length of stay for children is three to five days. The estimated length of stay for adults is seven to 10 days. Services shall be provided in accordance with applicable Kentucky Statute and Regulations.

Regions providing overnight crisis stabilization in alternative settings (e.g., apartments, family care homes, emergency respite support) should also use this code.

**Client Day:** A client day shall begin at midnight and end 24 hours later. A part-day of admission shall count as a full day.

**Service Code 176: Mobile Crisis (Behavioral Health/Intellectual Disabilities)**

Unit of Service: 15 Minutes      This code should be used for mobile for both adults and children.

Mobile Crisis Services are designed to provide community-based interventions and supports for those experiencing a mental health or behavioral health crisis. The intent is to provide crisis services at the client's location rather than requiring the client to leave his/her environment. The response may involve one or more staff members. Services shall be provided in accordance with applicable Kentucky Statute and Regulations.

Mobile Crisis provides the same services as crisis intervention, except the location for the service is not in the office. Services are available 24 hours a day, seven (7) days a week, 365 days a year. This service is provided in duration of less than 24 hours and is not an overnight service. This service provides crisis

DBHDID  
EMERGENCY SERVICES INSTRUCTIONS & OBJECTIVES

FY 2017

response in home or community to provide an immediate evaluation, triage and access to acute behavioral health services including treatment and supports to effect symptom reduction, harm reduction or to safely transition persons in acute crises to appropriate least restrictive level of care.

**Special Note:**

Requires completion of field "Place of Service" SV105 (FAO-07) which cannot be "in office".

**Place of Service:** The location where the service occurred, not to be confused with the Provider/Site which is the CMHC "primary work site" of the professional providing the service.

**SV105 (FA0-07). Place of Service**

**Data field name** - Place\_of\_Svc

**Description:** The code that identifies where the service was performed.

**Required?:** Yes

**Error Action:** If invalid or null, field set to 98 in database and general error reported.

**Valid Codes:**

- 03 School
- 04 Homeless Shelter
- 09 Prison/Correctional Facility
- 11 Office
- 12 Home
- 21 Inpatient Hospital
- 22 Outpatient Hospital
- 23 Emergency Room - Hospital
- 24 Ambulatory Surgical Center
- 25 Birthing Center
- 26 Military Treatment Facility
- 31 Skilled Nursing Facility
- 32 Nursing Facility
- 33 Custodial Care Facility
- 34 Hospice
- 41 Ambulance - Land
- 42 Ambulance - Air or Water
- 50 Federally Qualified Health Center
- 51 Inpatient Psychiatric Facility
- 52 Psychiatric Facility Partial Hospitalization
- 53 Community Mental Health Center
- 54 Intermediate Care Facility/Intellectual Disability
- 55 Residential Substance Abuse Treatment Facility
- 56 Psychiatric Residential Treatment Center
- 61 Comprehensive Inpatient Rehabilitation Facility
- 62 Comprehensive Outpatient Rehabilitation Facility
- 65 End Stage Renal Disease Treatment Facility
- 71 State or Local Public Health Clinic
- 72 Rural Health Clinic
- 81 Independent Laboratory
- 98 Unknown/Not Collected (this should rarely be used)
- 99 Other Unlisted Facility

DBHDID  
EMERGENCY SERVICES INSTRUCTIONS & OBJECTIVES

FY 2017

**Service Code 191: Crisis Prevention (Intellectual Disabilities)**

Unit of Service: 15 Minutes

Definition: Individuals in crisis are defined as being at risk of losing the support they need to remain in the community. This support may include but is not limited to the following:

- Person-Centered Planning
- Functional Assessment
- Mobile Crisis
- Technical Assistance/Resource Linkage
- Development of Behavior Intervention Strategies (Behavior Support Plan)
- Transportation
- Debriefing
- Crisis Respite
- Environmental Assessment
- Prevention Services
- Medical Care/Evaluations

Services shall be provided in accordance with applicable Kentucky Statute and Regulations.

**Special Notes:**

1. For services or items purchased for individuals in crisis refer to definitions for service codes 24 (Miscellaneous Services Purchased) and 25 (Miscellaneous Goods Purchased).

**Service Code 200: Crisis Intervention (Behavioral Health/Intellectual Disabilities)**

Unit of Service: 15 Minutes

Definition: Crisis Intervention shall be a therapeutic intervention provided for the purpose of immediately reducing or eliminating risk of physical or emotional harm to the client, or others. This service shall be provided as an immediate relief to the presenting problem or threat. It must be followed by non-crisis service referral as appropriate. It must be provided in a face-to-face, one-on-one encounter between the provider and the client. Services shall be provided in accordance with applicable Kentucky Statute and Regulations. Crisis intervention may include further service prevention planning such as lethal means reduction for suicide risk and substance use relapse prevention.

## Objectives

The following objectives should be used to determine what information needs to be collected to adequately report on the array of emergency services that are provided in the region.

### Form 101 - Jail Triage PBFR (Bluegrass only)

1. Total number of calls referred for follow-up.
2. Overall statewide average response time compliance.
3. Total number of calls by referral type (CMHC follow-up, in house medical, etc.).

### Form 102 – Jail Triage Project Report Form (Bluegrass only)

1. Total number of triage calls.
2. Total number of triage calls by risk level assignment.
3. Total number of calls by clinical category.
4. Total number of calls by criminal charge.
5. Total number of jail beds participating by county.

### Form 113D – Emergency Services Planning & Implementation Report

1. Adult Diversion From The Justice System - Court Ordered Evaluations (KRS 202A & KRS 202B) and Uniform Citations from Law Enforcement
2. Consultation and Education to Jail Staff
3. Children's Diversion From The Justice System - Court Ordered Evaluations (KRS 645.120) or Evaluations Initiated for Children Brought in by Law Enforcement
4. Consultation and Education to Juvenile Detention Center Staff
5. Crisis Intervention Teams (CIT)
6. Emergency Psychiatric Services (Seven Counties only)

### Form 132 – Emergency Services Application

- Section 1: Emergency Services Contacts  
Section 2: Regional Emergency Services Arrays  
Section 3: System of Care Scope